

Missouri

UNIFORM APPLICATION

FY 2023 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 03/31/2022 - Expires 03/31/2025
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number 780871430

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name Missouri Department of Mental Health

Organizational Unit Division of Behavioral Health

Mailing Address P.O. Box 687

City Jefferson City

Zip Code 65102-0687

II. Contact Person for the Grantee of the Block Grant

First Name Nora

Last Name Bock

Agency Name Missouri Department of Mental Health

Mailing Address P.O. Box 687

City Jefferson City

Zip Code 65101-0687

Telephone 573-751-9499

Fax

Email Address nora.bock@dmh.mo.gov

III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2021

To 6/30/2022

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

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V. Contact Person Responsible for Report Submission

First Name Renee

Last Name Rothermich

Telephone 573-522-8077

Fax 573-751-7814

Email Address Renee.Rothermich@dmh.mo.gov

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Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Coordination of Primary Care and Behavioral Health Services

Priority Type: SAT, MHS

Population(s): SMI, SED

Goal of the priority area:

Coordinate consumers' primary and behavioral healthcare in order to improve health and reduce medical costs.

Objective:

Strategies to attain the goal:

- 1) Continue to coordinate preventative and primary care for Health Home participants
- 2) Continue outreach to Medicaid-enrolled adults who have a substance use disorder and/or serious mental illness, have high annual healthcare costs, and are not currently enrolled in behavioral health treatment
- 3) contract with the Missouri Institute for Mental Health for ongoing evaluation of Missouri's Health Home Programs.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of participants in Health Homes per fiscal year

Baseline Measurement: 31,976

First-year target/outcome measurement: 31,500

Second-year target/outcome measurement: 31,500

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Medicaid Data

New Data Source(if needed):

Description of Data:

The number of Health Home participants is determined from a Per Member Per Month (PMPM) data file submitted to DMH from the Missouri Medicaid agency, MO HealthNet, on a monthly basis. These are individuals who participated at any time during the specified fiscal year.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of participants in Health Home in FY 2022 is 32,190.

Indicator #:

2

Indicator:

Number of participants in DM 3700 per fiscal year

Baseline Measurement:

6,911

First-year target/outcome measurement:

5,700

Second-year target/outcome measurement:

5,700

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

A participant in DM 3700 is defined as a consumer who is listed on the master list of DM 3700 participants and has an open episode of care for behavioral health services, including mental health or substance use, during the specified fiscal year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of participants in DM 3700 in FY 2022 is 7,264.

Indicator #:

3

Indicator:

Number of participants in SUD Disease Management per fiscal year

Baseline Measurement:

2,345

First-year target/outcome measurement:

1,800

Second-year target/outcome measurement:

1,800

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

A participant in SUD Disease Management (SUD DM) is defined as a consumer who is listed on the master list of SUD DM participants and has an open episode of care for behavioral health services, including mental health or substance use, during the specified fiscal year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of participants in SUD DM in FY 2022 is 2,753.

Priority #: 2
Priority Area: Crisis Intervention
Priority Type: SAT, MHS
Population(s): SMI, SED

Goal of the priority area:

Promote safety and emotional stability, minimize further deterioration of mental state, increase access to treatment and support services, and improve individual outcomes for individuals in behavioral health crisis; better utilize limited criminal justice and healthcare resources by linking individuals in need of behavioral healthcare services with those services.

Objective:

Strategies to attain the goal:

- 1) Identify and address structural barriers, miscommunications, and consistent patterns that reduce access to behavioral healthcare services.
- 2) Provide behavioral health expertise to law enforcement, court personnel, and primary healthcare staff in order to more effectively respond to behavioral health crises.
- 3)Advocate for and engage individuals in crisis in behavioral health treatment and support services.
- 4) Provide immediate person-centered interventions to individuals in behavioral health crisis and facilitate timely access to services and supports.

**Edit Strategies to attain the objective here:
(if needed)**

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of referrals to CBHLs per fiscal year
Baseline Measurement: 10,472
First-year target/outcome measurement: 15,000
Second-year target/outcome measurement: 20,000
New Second-year target/outcome measurement(if needed):
Data Source:

Missouri Behavioral Health Council (MBHC)

New Data Source(if needed):**Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Indicator #: 2
Indicator: Number served in ERE project per fiscal year
Baseline Measurement: 2,029
First-year target/outcome measurement: 1,900
Second-year target/outcome measurement: 2,000
New Second-year target/outcome measurement(if needed):

Data Source:**New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Indicator #: 3

Indicator: Number of law enforcement officers trained in CIT per fiscal year

Baseline Measurement: 1,217

First-year target/outcome measurement: at least 900

Second-year target/outcome measurement: at least 900

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Behavioral Health Council (MBHC)

New Data Source(if needed):

Description of Data:

Number of officers trained in CIT is tracked and reported by the MBHC.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of law enforcement officers trained in CIT in FY 2022 is 1,003.

Indicator #: 4

Indicator: Implementation of 988

Baseline Measurement: NA

First-year target/outcome measurement: In Process

Second-year target/outcome measurement: Complete

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Prevention and Crisis Unit

New Data Source(if needed):

Description of Data:

The implementation of 988 is being monitored by the DBH Prevention and Crisis Services staff

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The implementation of 988 in FY 2022 is in process.

Priority #: 3

Priority Area: Department of Corrections Community Supervised Offenders

Priority Type: SAT, MHS

Population(s): SMI, Other (Criminal/Juvenile Justice)

Goal of the priority area:

Improve access to clinically appropriate services

Objective:

Strategies to attain the goal:

- 1) Monitor and target technical assistance to Probation and Parole Officers and treatment providers on the prioritization process for offenders in need of substance use disorder (SUD) treatment in order to facilitate rapid assessment and treatment initiation.
- 2) Maintain Memorandum of Understandings (MOU) with the Department of Corrections for coordination of behavioral health treatment services.
- 3) Continue the Community Mental Health Treatment (CMHT) and Offenders with Serious Mental Illness (OSMI) programs.
- 4) Continue to participate on the DOC Oversight Committee.
- 5) Coordinate with Department of Corrections (DOC) to administrate the Improving Community Treatment Success (ICTS) program with a focus on reducing the risk of harm due to substance use and mental health conditions, reducing recidivism, improving opportunities for employment or education, and improving the availability of stable housing.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Current MOUs between DMH and DOC

Baseline Measurement: Yes

First-year target/outcome measurement: Yes

Second-year target/outcome measurement: Yes

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

Description of Data:

MOUs are maintained by the DMH Contracts Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

MOU between DMH and DOC is current.

Indicator #: 2

Indicator: Number of Oversight Committee Meetings

Baseline Measurement: 13

First-year target/outcome measurement: 6

Second-year target/outcome measurement: 6

New Second-year target/outcome measurement(if needed):

Data Source:

The Division of Behavioral Health's (DBH) Criminal Justice Services Manager is the organizer of these meetings.

New Data Source(if needed):

Description of Data:

Oversight meetings are scheduled by DBH Criminal Services Manager.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Oversight Committee meetings conducted in FY 2022 is 13.

Indicator #: 3

Indicator: Number of consumers served in the ICTS program

Baseline Measurement: 548

First-year target/outcome measurement: 700

Second-year target/outcome measurement: 700

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):**Description of Data:**

The number of consumers served in the ICTS program is tracked in the DMH information system.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of consumers served in ICTS in FY 2022 is 1,036.

Priority #: 4

Priority Area: Tobacco Prevention

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Reduce tobacco initiation and promote tobacco cessation among vulnerable populations

Objective:**Strategies to attain the goal:**

- 1) Support provider training in tobacco cessation with proven effectiveness.
- 2) Promote the inclusion of tobacco cessation in the consumer's behavioral treatment plan.
- 3) Support tobacco cessation in Missouri's college campuses.
- 4) Ensure the provision of tobacco enforcement and merchant education:
 - a. Continue contracting with the Food and Drug Administration for the enforcement of federal tobacco control laws.
 - b. Maintain a Memorandum of Understanding with the Division of Alcohol and Tobacco Control for state and federal enforcement of tobacco control laws.
 - c. Conduct a merchant education visit to every tobacco retailer in the state.

**Edit Strategies to attain the objective here:
(if needed)****Annual Performance Indicators to measure goal success**

Indicator #: 1

Indicator: Annual Synar non-compliance rate is less than 20 percent

Baseline Measurement: Yes

First-year target/outcome measurement: Yes

Second-year target/outcome measurement: Yes

New Second-year target/outcome measurement(if needed):

Data Source:

New Data Source(if needed):**Description of Data:**

Synar non-compliance rate is determined from the Annual Synar Survey. For FY2022, the Annual Synar Survey will be completed by October 1, 2022. For the FY 2023, the Annual Synar Survey will be completed by October 1, 2023.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The Annual Synar Retailer Violation Rate in FFY 2023 is 8.2%.

Indicator #: 2

Indicator: Number of tobacco retailers visited and provided with retailer education materials per fiscal year

Baseline Measurement: 5,456

First-year target/outcome measurement: 4,800

Second-year target/outcome measurement: 4,800

New Second-year target/outcome measurement(if needed):**Data Source:**

DMH Database

New Data Source(if needed):**Description of Data:**

Number of tobacco retailers visited and provided education materials is documented by prevention agencies, entered into a database by DMH staff and reported in the State's Annual Synar Report.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of tobacco retailers visits and provided with retailer education materials in FY 2022 is 5,411.

Indicator #: 3

Indicator: Number of Tobacco Treatment Specialists per fiscal year

Baseline Measurement: 25

First-year target/outcome measurement: at least 25

Second-year target/outcome measurement: at least 25

New Second-year target/outcome measurement(if needed):

Data Source:

Division of Behavioral Health Prevention Unit

New Data Source(if needed):

Description of Data:

Number of Tobacco Treatment Specialists is tracked by the Prevention Unit staff.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Tobacco Treatment Specialists trained in FY 2022 is 49.

Priority #: 5

Priority Area: Recovery Support Services

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Criminal/Juvenile Justice, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Provide support services to promote sustained recovery from behavioral health disorders.

Objective:

Strategies to attain the goal:

- 1) Continue to grow the number of Certified Peer Specialists working in Missouri's behavioral health treatment and recovery system of care.
- 2) Continue the four Drop-In Centers for persons with mental illness.
- 3) Promote the use of IPS Supported Employment.
- 4) Promote the use of Family Support and Youth Peer Support.
- 5) Promote the use of Recovery Support Services.
- 6) Maintain a housing unit to administer the Continuum of Care (CoC) grants to provide housing assistance to the chronically homeless.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of Certified Peer Specialists
Baseline Measurement: 1,003
First-year target/outcome measurement: 850
Second-year target/outcome measurement: 850

New Second-year target/outcome measurement(if needed):

Data Source:

Division of Behavioral Health (DBH) Recovery Services Unit

New Data Source(if needed):

Description of Data:

The number of Certified Peer Specialists is tracked by the DBH Recovery Services Unit

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Certified Peer Specialists in FY 2022 is 1,350.

Indicator #: 2
Indicator: Number of contracts for Consumer Operated Services Programs for persons with mental illness per fiscal year
Baseline Measurement: 4
First-year target/outcome measurement: 4
Second-year target/outcome measurement: 4

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

Description of Data:

Contracts are maintained by the DMH Contracts Unit

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Indicator #: 3

Indicator: Number of IPS Supported Employment programs per fiscal year

Baseline Measurement: 26

First-year target/outcome measurement: 26

Second-year target/outcome measurement: 26

New Second-year target/outcome measurement(if needed):**Data Source:****New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Indicator #: 4

Indicator: Number of Youth Peer Support Specialists

Baseline Measurement: 12

First-year target/outcome measurement: at least 15

Second-year target/outcome measurement: at least 15

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Recovery Services Unit

New Data Source(if needed):

Description of Data:

The number of Youth Peer Support Specialists are tracked by the DBH Recovery Services Unit staff.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Youth Peer Support Specialists in FY 2022 is 20.

Indicator #: 5

Indicator: Number of Recovery Support Providers

Baseline Measurement: 53

First-year target/outcome measurement: 50

Second-year target/outcome measurement: 50

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

Description of Data:

Contracts are maintained by the DMH Contracts Unit

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Recovery Support Providers in FY 2022 is 62.

Priority #: 6

Priority Area: Medication Assisted Treatment for Substance Use Disorders

Priority Type: SAT

Population(s): PWWDC, PWID, Other (Rural, Criminal/Juvenile Justice, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

To further integrate medication therapy into the substance use disorder treatment service delivery system.

Objective:**Strategies to attain the goal:**

- 1) Monitor utilization of Medication Assisted Treatment (MAT) by provider and provide technical assistance as needed.
- 2) Increase utilization of different medications used in MAT at a given treatment provider.

**Edit Strategies to attain the objective here:
(if needed)****Annual Performance Indicators to measure goal success**

Indicator #: 1

Indicator: Number of consumers receiving medication therapy per fiscal year

Baseline Measurement: 7,541

First-year target/outcome measurement: 6,500

Second-year target/outcome measurement: 6,500

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system and Medicaid claims

New Data Source(if needed):**Description of Data:**

Number of consumers receiving medication assisted treatment including use of methadone, Vivitrol, naltrexone, buprenorphine-containing medications, Antabuse and acamprosate (and any future FDA-approved MAT medications) is determined from billing outside of Detoxification services.

New Description of Data(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of consumers receiving Medication Assisted Treatment in FY 2022 is 11,623.

Priority #: 7

Priority Area: Community Advocacy and Education

Priority Type: SAP

Population(s): PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Create positive community norms, policy change, promote mental wellness, and reduce alcohol, tobacco and other drug availability in Missouri's communities.

Objective:**Strategies to attain the goal:**

- 1) Build state and community capacity for fostering strong partnerships and identifying new opportunities for collaboration.
- 2) Further data capacity in support of data-driven strategic planning to include the continuation of the Missouri Student Survey and the Behavioral Health web too.
- 3) Fund evidence-based programming to prevent substance use and bullying among high-risk youth.
- 4) Continue the education initiative in Eastern Missouri to address heroin and other opioid drug use.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of individuals trained in suicide prevention and intervention per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 1,500

Second-year target/outcome measurement: 2,000

New Second-year target/outcome measurement(if needed):

Data Source:

DBH contracted providers

New Data Source(if needed):

Description of Data:

The number of individuals trained in suicide prevention and intervention is tracked and reported by contracted providers.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of individuals trained in suicide prevention and intervention in FY 2022 is 9,518.

Indicator #: 2

Indicator: Number of high-risk youth served in prevention programs per fiscal year

Baseline Measurement: 2,960

First-year target/outcome measurement: at least 3,000

Second-year target/outcome measurement: at least 3,000

New Second-year target/outcome measurement(if needed):

Data Source:

DBH contracted providers

New Data Source(if needed):

Description of Data:

Number of high-risk youth served in prevention programs is tracked and reported by contracted providers.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of high-risk youth served in prevention programs in FY 2022 is 3,231.

Indicator #: 3

Indicator: Number of persons trained in Mental Health First Aid per fiscal year

Baseline Measurement: 6,600

First-year target/outcome measurement: at least 6,500

Second-year target/outcome measurement: at least 6,500

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Prevention Unit

New Data Source(if needed):

Description of Data:

Number trained in Mental Health First Aid (MHFA) is tracked by DBH Prevention Unit staff.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The number of individuals trained in MHFA in FY 2022 is 6,490. Virtual MHFA trainings have seen a decline in enrollment numbers. Upon offering in person session times, MHFA training enrollment interest has increased noticeably and training numbers are expected to increase for FY 2023. No change will be made to the FY 2023 target.

How first year target was achieved (optional):

Priority #: 8
Priority Area: School-based Prevention Education
Priority Type: SAP
Population(s): PP, Other (Adolescents w/SA and/or MH, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

To delay onset of substance use, reduce use, improve overall school performance, and reduce incidents of violence.

Objective:

Strategies to attain the goal:

- 1) Enhance protective factors and reverse or reduce risk factors for substance use and violence.
- 2) Improve academic and social-emotional learning to address risk factors.
- 3) Employ interactive techniques that allow for active involvement in learning.
- 4) Reinforce prevention skills over time with repeated interventions.
- 5) Ensure programming is culturally competent and age appropriate.
- 6) Conduct annual fidelity reviews.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of students participating in SPIRIT per fiscal year
Baseline Measurement: 9,834
First-year target/outcome measurement: at least 8,000
Second-year target/outcome measurement: at least 8,000
New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):

Description of Data:

SPIRIT participation is tracked and reported by the program evaluator, MIMH.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of students participating in SPIRIT in FY 2022 is 9,627.

Indicator #: 2

Indicator: Annual report generated

Baseline Measurement: Yes

First-year target/outcome measurement: Yes

Second-year target/outcome measurement: Yes

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):

Description of Data:

Annual report is generated and provided to DMH by MIMH. DMH posts the annual report to the DMH public website.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Annual SPIRIT report was generated and posted to the DMH website.

Priority #: 9

Priority Area: Prescription Drug Overdose Deaths

Priority Type: SAP

Population(s): PWWDC, PWID, Other (Rural, Criminal/Juvenile Justice, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Prevention Opioid-related deaths and connect individuals experiencing overdose events to substance use disorder treatment.

Objective:

Strategies to attain the goal:

- 1) Increase the number of first responders, medical professionals, and other eligible groups are trained to carry and administer naloxone.
- 2) increase public awareness of opioid risks and best practices for assisting during an overdose event.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of individuals trained to carry and administer naloxone per fiscal year

Baseline Measurement: 6,228

First-year target/outcome measurement: 4,000

Second-year target/outcome measurement: 4,000

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):

Description of Data:

The number of individuals trained to carry and administer naloxone is tracked and reported by MIMH

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of individuals trained to carry and administer naloxone in FY 2022 is 8,720.

Indicator #: 2

Indicator: Number of naloxone kits distributed per fiscal year

Baseline Measurement: 30,462

First-year target/outcome measurement: 6,000

Second-year target/outcome measurement: 6,000

New Second-year target/outcome measurement(if needed):**Data Source:**

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):**Description of Data:**

The number of naloxone kits distributed is tracked and reported by MIMH.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of naloxone kits distributed in FY 2022 is 52,197. Funding for naloxone kits was provided by the State Opioid Response (SOR) Grant and the Missouri Opioid-Heroin Overdose Prevention and Education (MO-HOPE) project. No SABG Primary Prevention funds were utilized for this effort.

Priority #: 10

Priority Area: Evidence-based Behavioral Health Practices

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC

Goal of the priority area:

Continue evidence-based practice to the same standards and fidelity as shown to be effective in research

Objective:**Strategies to attain the goal:**

- 1) Continue to support EBP programs.
- 2) Provide ongoing monitoring of Fidelity in EBP programs.

**Edit Strategies to attain the objective here:
(if needed)****Annual Performance Indicators to measure goal success**

Indicator #:	1
Indicator:	Number of adults served in ITCD per fiscal year
Baseline Measurement:	3,604
First-year target/outcome measurement:	at least 3,000
Second-year target/outcome measurement:	at least 3,000
New Second-year target/outcome measurement(if needed):	2,500

Data Source:

DMH information system

New Data Source(if needed):**Description of Data:**

The number of ITCD consumers is determined from paid encounters for ITCD services.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The number of adults served in ITCD in FY 2022 is 2,667. During FY 2022 ITCD providers experienced staffing shortages which lead to reducing ITCD teams and reducing case load capacity on ITCD teams resulting in fewer consumers served during the year. The staffing shortages are not expected to be resolved quickly and fewer consumers are likely to be served in FY 2023 as well. Target will be reduced to 2,500 for FY 2023.

How first year target was achieved (optional):

Indicator #: 2
Indicator: Number of adults served in ACT per fiscal year
Baseline Measurement: 829
First-year target/outcome measurement: at least 900
Second-year target/outcome measurement: at least 900

New Second-year target/outcome measurement(if needed):**Data Source:**

DMH information system

New Data Source(if needed):**Description of Data:**

The number of adults served in the Assertive Community Treatment (ACT) program is determined from paid encounters for ACT services.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of adults served in ACT in FY 2022 is 912.

Indicator #: 3

Indicator: Number of women served by Women & Children specialty teams per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 50

Second-year target/outcome measurement: 50

New Second-year target/outcome measurement(if needed):

Data Source:

DMH contracted providers

New Data Source(if needed):

Description of Data:

The number of women serviced by Women & Children specialty teams is tracked and reported by contracted providers.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

Women who were transferred between specialty teams may be counted more than once.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of women served by Women & Children Specialty Teams in FY 2022 is 120.

Priority #: 11

Priority Area: Persons who Inject Drugs

Priority Type: SAT

Population(s): PWID

Goal of the priority area:

Ensure the provision of services to persons who inject drugs in accordance with SABG statutory requirements.

Objective:

Strategies to attain the goal:

- 1) Monitor contractual requirements pertaining to PWID
- 2) Generate reports to monitor length of time to initiate treatment and percent engagement in treatment
- 3) Increase one-on-one discussions with key provider staff about data reports and target technical assistance as needed.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of persons who inject drugs served in substance use disorder treatment per fiscal year

Baseline Measurement: 12,830

First-year target/outcome measurement: 10,000

Second-year target/outcome measurement: 10,000

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

The number of persons who inject drugs is determined from the route of administration for any of the substances reported in the TEDS data and paid encounters for substance use disorder treatment captured in the DMH information system during the fiscal year.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of persons who inject drugs served in substance use disorder treatment in FY 2022 is 12,365.

Indicator #: 2

Indicator: Average number of days from initial contact to the first service paid for PWID per fiscal year

Baseline Measurement: 4.91

First-year target/outcome measurement: 6 or less

Second-year target/outcome measurement: 6 or less

New Second-year target/outcome measurement(if needed): 7 or less

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

The average number of calendar days between the initial contact date to the date of service of the first paid encounter PWID as reported at the treatment admission per fiscal year.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:****Report of Progress Toward Goal Attainment**First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)**Reason why target was not achieved, and changes proposed to meet target:**

The workforce shortage in the behavioral health service delivery system, exacerbated by the COVID-19 pandemic, has been identified as a critical issue impacting the timeliness of services and the number of individuals served by providers. Issues with retention and recruitment of qualified staff have been reported by providers throughout the network. The initial contact to first service is affected specifically by the demand for services and the available staff to provide services under 6 days. The FY23 target will be adjusted to '7 or less'.

How first year target was achieved (optional):
Indicator #: 3**Indicator:** Percent of persons who inject drugs who have engaged in treatment per fiscal year**Baseline Measurement:** 85%**First-year target/outcome measurement:** at least 80%**Second-year target/outcome measurement:** at least 80%**New Second-year target/outcome measurement(if needed):****Data Source:****New Data Source(if needed):****Description of Data:**

The percent of the persons who inject drugs as reported at the treatment admission that had at least 3 paid encounters during the program per fiscal year.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:****Report of Progress Toward Goal Attainment**First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The percent of PWID who have engaged in treatment in FY 2022 is 92.3%.

Priority Area: Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Continue to provide services to pregnant women and women with dependent children

Objective:

Strategies to attain the goal:

1) Monitor contractual compliance with regard to prioritization of admission for pregnant women to substance use disorder treatment.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of pregnant women and women with dependent children served in substance use disorder treatment per fiscal year

Baseline Measurement: 6,497

First-year target/outcome measurement: 6,000

Second-year target/outcome measurement: 6,000

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

The number of pregnant women and women with dependent children served is capture in the DMH information system as individuals with a paid encounter for substance use disorder services and indicate pregnant during treatment, having dependent children or both.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of pregnant women and women with dependent children served in substance use disorder treatment in FY 2022 is 6,626.

Priority #: 13

Priority Area: Mental Health Services for Transition Aged Youth and Young Adults

Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Promote collaboration, implementation of effective interventions and supports, and enhance skills of individuals who work with transition aged youth, young adults and their families with behavioral health needs including those that may be at risk of a First Episode Psychosis (FEP).

Objective:

Strategies to attain the goal:

- 1) Continue to participate in the Oversight Advisory Group which focuses on the needs of youth and young adults with behavioral health issues including being at risk of or experiencing FEP.
- 2) Provide education on the importance of advocacy, prevention, early identification/intervention and evidence-based treatment
- 3) Provide training on evidence-based and promising practices
- 4) Expand Integrated Treatment for Co-Occurring Disorders (ITCD) services to meet the unique needs of the transition aged youth/ young adult population
- 5) Promote ACT TAY programs statewide.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of education sessions per fiscal year
Baseline Measurement: 11
First-year target/outcome measurement: 6
Second-year target/outcome measurement: 6

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Children's Unit

New Data Source(if needed):

Description of Data:

The number of education sessions are tracked by the DMH Children's Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of education sessions in FY 2022 is 7.

Indicator: Number of evidence-based practice related provider trainings per fiscal year

Baseline Measurement: 8

First-year target/outcome measurement: 8

Second-year target/outcome measurement: 8

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Children's Unit

New Data Source(if needed):

Description of Data:

The number of trainings related to evidence-based practices for transition aged youth and young adults is tracked and reported by the DMH Children's Unit staff.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of EBP-related provider trainings in FY 2022 is 11.

Indicator #: 3

Indicator: Number of Transition Aged Youth and Young Adults served in ITCD per fiscal year

Baseline Measurement: 362

First-year target/outcome measurement: at least 300

Second-year target/outcome measurement: at least 300

New Second-year target/outcome measurement(if needed): 180

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

The number of transition aged youth and young adults served in ITCD is captured in the paid encounters for mental health services in the DMH information system.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The number of transition aged youth and young adults served in ITCD in FY 2022 is 209. During FY 2022 ITCD providers experienced staffing shortages which lead to reducing ITCD teams and reducing case load capacity on ITCD teams resulting in fewer consumers served during the year. The staffing shortages are not expected to be resolved quickly and fewer consumers are likely to be served in FY 2023 as well. Target will be reduced to 180 for FY 2023.

How first year target was achieved (optional):

Indicator #: 4
Indicator: Number of consumers served in ACT TAY programs per fiscal year
Baseline Measurement: 549
First-year target/outcome measurement: at least 500
Second-year target/outcome measurement: at least 500

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

The number of consumers with paid encounters in the Youth Assertive Community Treatment program is captured in the DMH information system.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of consumers served in ACT TAY programs in FY 2022 is 533.

Priority #: 14
Priority Area: Behavioral Healthcare Services for Children
Priority Type: SAT, MHS
Population(s): SED, Other (Adolescents w/SA and/or MH)

Goal of the priority area:

To enhance children's behavioral health services by increasing knowledge of effective services, supports and interventions, enhancing the skills of

service providers and expanding services based on the needs of the children, youth and families served.

Objective:

Strategies to attain the goal:

- 1) Continue the statewide Children's Committee with standing agenda items for CSTAR or SUD treatment items. Committee will provide collaboration regarding issues of policy, training, treatment, funding, and outreach for adolescent substance use disorders.
- 2) Increase dissemination of research, best practices and success stories.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of meetings with adolescent substance use focus

Baseline Measurement: 3

First-year target/outcome measurement: 3

Second-year target/outcome measurement: 3

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Children's Unit

New Data Source(if needed):

Description of Data:

The number of meetings is tracked by the DMH Children's Unit staff

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Substance Use Disorder Committee meetings with an adolescent substance use focus in FY 2022 was 5.

Indicator #: 2

Indicator: Number of posts of articles, research, and stories specific to behavioral healthcare for children per fiscal year

Baseline Measurement: 23

First-year target/outcome measurement: 20

Second-year target/outcome measurement: 20

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Children's Unit

New Data Source(if needed):**Description of Data:**

The number of postings is tracked and reported by the DMH Children's Unit staff.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of posts of articles, research and stories specific to behavioral healthcare for children in FY 2022 is 45.

Indicator #: 3

Indicator: Number of adolescents served in substance use disorder treatment

Baseline Measurement: 2,119

First-year target/outcome measurement: 1,800

Second-year target/outcome measurement: 1,800

New Second-year target/outcome measurement(if needed):**Data Source:**

DMH information system

New Data Source(if needed):**Description of Data:**

The number of adolescents served in substance use disorder treatment is captured in the paid encounters in the DMH information system.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of adolescents served in substance use disorder treatment in FY 2022 is 1,971.

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Footnotes:

C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children’s Mental Health Services

Reporting Period Start Date: 7/1/2021 Reporting Period End Date: 6/30/2022

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2021	Estimated/Actual SFY 2022	Expense Type
\$14,716,201	\$44,118,746	\$36,358,188	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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Footnotes:

C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Period	Expenditures	<u>B1 (2020) + B2 (2021)</u> 2
(A)	(B)	(C)
SFY 2020 (1)	\$245,092,472	
SFY 2021 (2)	\$261,950,625	\$253,521,549
SFY 2022 (3)	\$253,564,911	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2020	Yes	<u> X </u>	No	_____
SFY 2021	Yes	<u> X </u>	No	_____
SFY 2022	Yes	<u> X </u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

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Footnotes: